



Texas Department of Public Safety
Regulatory Services Division
www.dps.texas.gov

- MUST USE MOST **CURRENT** FORM
- **PRINT** CLEARLY IN BLACK INK
- MAKE SURE ENTIRE CIRCLE IS **FILLED**

CONCEALED HANDGUN LICENSING

EXAMPLE:

Yes ☒ No ☐

RENEWAL APPLICATION

APPLICANT INFORMATION

I am renewing Concealed Handgun License Number _____

What is the expiration date of the license you are renewing? ____/____/____ (MM/DD/YYYY)

(NOTE: LICENSES MAY BE RENEWED NO MORE THAN 6 MONTHS PRIOR TO EXPIRATION AND NO LATER THAN ONE YEAR AFTER EXPIRATION)

Last Name		First Name		M.I.	Suffix (IF ANY)
<input type="radio"/> Driver License <input type="radio"/> ID Card	DL/ID State (2-LETTER CODE)	DL/ID Number	Date of Birth (MM/DD/YYYY)	Social Security Number - -	

(**ATTACH A PHOTO COPY OF THE FRONT AND BACK OF DL OR ID IF ISSUED BY ANOTHER STATE**)

PERSONAL IDENTIFIERS

Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	Race <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> Other/Unknown <input type="checkbox"/> White/Hispanic	Eyes (*MATCH DL/ID) <input type="checkbox"/> Black <input type="checkbox"/> Hazel <input type="checkbox"/> Blue <input type="checkbox"/> Maroon <input type="checkbox"/> Brown <input type="checkbox"/> Multicolor <input type="checkbox"/> Green <input type="checkbox"/> Pink <input type="checkbox"/> Gray <input type="checkbox"/> Unknown	Hair (*MATCH DL/ID) <input type="checkbox"/> Bald/Unknown <input type="checkbox"/> Gray/Partially <input type="checkbox"/> Black <input type="checkbox"/> Red/Auburn <input type="checkbox"/> Blonde/Strawberry <input type="checkbox"/> Sandy <input type="checkbox"/> Brown <input type="checkbox"/> White
Height Ft. In.			
Weight Lbs.			

Residence Address
(Cannot be a PO Box
Must be a physical address)

City	State (2-LETTER CODE)	ZIP
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Mailing Address
(IF DIFFERENT FROM RESIDENCE ADDRESS)

City	State (2-LETTER CODE)	ZIP
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Phone Number Type: ☐ Home ☐ Cell ☐ Office Number: () -

Phone Number Type: ☐ Home ☐ Cell ☐ Office Number: () -

Applicant Email
(ONLY FOR CONTACT
PURPOSES REGARDING THIS APPLICATION)

Special Condition

- | | | | |
|---|--|---|---|
| <input type="radio"/> Standard (\$70) | <input type="radio"/> Active Peace Officer (\$25) | <input type="radio"/> Active Military (\$0) | <input type="radio"/> Retired Judicial Officer (\$25) |
| <input type="radio"/> Senior Citizen (\$35) | <input type="radio"/> Retired Peace Officer (\$25) | <input type="radio"/> Veteran/Retired Military (\$35) | <input type="radio"/> Felony Prosecutor (\$0) |
| <input type="radio"/> Indigent (\$35) | <input type="radio"/> Retired Federal Officer (\$25) | <input type="radio"/> Active Judicial Officer (\$25) | <input type="radio"/> Other Prosecutor (\$70) |

Note: See reverse for information regarding required documentation to support the condition you have indicated.

I understand that all fees submitted to Concealed Handgun Licensing are **non-refundable and non-transferable**.

I verify the information provided is true and correct, and I understand that this is an **official Government record** and that any false statement made on this document or any other supplement provided to the Department may result in **criminal prosecution**.

Applicant Signature _____ Date ____/____/____

Mail this completed form, along with any and all required supplemental documents and/or fee to:

**Regulatory Services Division MSC 0245
Texas Department of Public Safety
PO Box 15888
Austin, TX 78761-5888**



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EXAMPLE:

Yes ☒ No ☐

RENEWAL APPLICATION

Application Processing Information

- Applications cannot be processed until **all** required items are received
- Submit all required items at the same time, including renewal fee
- Inaccurate or incomplete information will delay the processing of your application
- Required items must be received within 12 months. If your information is not received within this time period, your application will be terminated and the fee will not be refunded.
 - **Note:** Once any part of the application is received, the application is subject to any deadlines set forth by the notification or request for information from the Department

Required Items Checklist

- **CHL-100 Training Form (Received from CHL instructor upon course completion)**
- CHL-100 (proof of Continuing Education course completion) is required for 1st and 2nd time renewals. After the 2nd renewal, applicants must complete a Continuing Education course once every 10 years (GC§411.185). Applicants do not have to take a course for their third consecutive renewal if a course was completed on the previous renewal.
- **Court Documents of pending charges or convictions (if applicable)**
- **CHL-85: Authorization for Release of Records**
- **CHL-86: Knowledge of Laws and Eligibility Affidavit**
- **Out-of-state residents need to provide a copy, front and back, of your state issued identification or driver license.**
- **Renewal Fee**
 - Acceptable forms of payment:
 - Money Order
 - Personal Check
 - Cashier's Check
- **Condition of License** - Below is the list of conditions and supporting documentation needed
 - **Senior Citizen:** No additional documentation is required for a Senior Citizen (ages 60 or older).
 - **Active military personnel, including active reservists:** Copy of your military identification and your most current leave earnings statement.
 - **Retired military personnel or veterans:** Copy of your retired military credentials and a copy of your DD-214 that shows *honorably* discharged.
 - **District Attorneys, County Attorneys, or Judges:** Copy of your letterhead or your District Attorney or County Attorney identification documents.
 - **Other Prosecutor:** Statement from employing agency verifying employment
 - **Retired Judicial Officer:** Statement verifying retired status
 - **Full-time Texas Peace Officers:** Letter from your department head with all the information required under §411.1991, Texas Government Code.
 - **Retired Texas Peace Officers or Federal Peace Officers:** Copy of your retirement credentials and a letter from your retirement agency with all the information required under §411.199, Texas Government Code.
 - **Indigent individuals:** Copy of your last IRS tax return.

Privacy Policy: (1) with few exceptions, the individual is entitled on request to be informed about the information that the state governmental body collects about the individual; (2) under Sections 552.021 and 552.023 of the Government Code, the individual is entitled to receive and review the information; and (3) under Section 559.004 of the Government Code, the individual is entitled to have the state governmental body correct information about the individual that is incorrect.